

Work Site Orientation Checklist

The City of Duluth recognizes the important role you play in guiding our new employees as they begin what we hope to be a fulfilling career. This checklist will aid you in this role by outlining the necessary orientation information that must be conveyed to new employees. By completing these tasks over the next 12 months, you will enable your new team member to become an engaged employee as well as increase his or her job satisfaction and contribution to the City. Please refer to the Orientation policy/procedure for an overview of the process and to obtain a list of items to complete prior to the employee's first day. **This form must be returned to Human Resources no more than 10 days following one month of employee's employment.**

Employee Name: _____

Start Date: _____

Supervisor Name: _____

First Day

- ☐ Ensure you have completed tasks prior to employee's first day as listed in the Orientation policy.
- ☐ Ensure employee has gone to HR to receive and complete necessary paperwork ___/___/___
- ☐ Welcome ___/___/___
- ☐ Introduction to staff in the Division as well as others who they may have contact with ___/___/___
- ☐ Assign mentor ___/___/___
- ☐ Tour the Department and Division and work site ___/___/___
 - a. break room/lunchroom
 - b. restrooms
 - c. lockers
 - d. entrances
 - e. emergency exits
 - f. first aid kit
 - g. supply storage
 - h. work station
 - i. smoking areas
- ☐ Discuss the Emergency Plan of the work site in detail ___/___/___
- ☐ Discuss the importance of customer service ___/___/___
- ☐ Issue keys ___/___/___
- ☐ Discuss hours, holiday/vacation/personal/sick leave, and payroll information ___/___/___
 - a. completion of time sheets
 - b. pay periods
 - c. pay days
 - d. overtime/comp time
 - e. breaks
- ☐ Dress code ___/___/___
- ☐ No Smoking Policy (in /by buildings)
- ☐ Share organizational chart ___/___/___
- ☐ Discuss City mission, vision, goals, values, and expected behavior ___/___/___
- ☐ Discuss pertinent City policies and procedures, principles, and guidelines ___/___/___
- ☐ Share the culture/history/environment of the Dept/Div ___/___/___
 - a. Workplace Violence and Harassment
 - b. Equal Opportunity/Non-Discrimination/Affirmative Action
 - c. Drug Policy
 - d. Nepotism
 - e. Emergency Procedures
- ☐ Discuss Division-specific procedures and information ___/___/___
- ☐ Open Door Policy ___/___/___
- ☐ Review job description ___/___/___

Employee Signature: _____

Date Completed: _____

Supervisor Signature: _____

Date: _____

First Week

- ☐ Discuss roles, responsibilities, and expectations __/__/__
- ☐ Injury/Accident reporting—must go to Occ Med for treatment __/__/__
- ☐ Vehicle operation/vehicle operator policy __/__/__
 - a. no smoking
 - b. where to get gas
 - c. driver's license requirements
 - d. mandatory seat belt use
 - e. defensive driving course
 - f. taking care of driver's license, on and off work
 - g. distracted driving (cell phone usage, eating, etc.)
- ☐ Completed the defensive driving course on __/__/__
- ☐ Taking care of driver's license, on and off work __/__/__
- ☐ Location of Policy and Procedure Manual __/__/__
- ☐ Employee Right to Know policy __/__/__
- ☐ Performance evaluations __/__/__
- ☐ Probationary Period __/__/__
- ☐ Training requirements and opportunities __/__/__
 - a. JATC if applicable
 - b. Required licenses, certification and continuing education
 - c. Timeframe in which to achieve certification, etc.
- ☐ Issue ID or make arrangements to do so __/__/__
- ☐ Explain work site equipment __/__/__
- ☐ Communication __/__/__
 - a. e-mail and internet
 - b. phone, voice mail, employee directory
 - c. fax
 - d. inter-office mail and outgoing mail
 - e. do and don'ts for each—focus on official use
- ☐ Discuss personal and work site safety and security issues __/__/__
- ☐ Ask employee if they have completed and returned all forms to HR __/__/__
- ☐ Provide information about The Bridge, E-line and City of Duluth Website __/__/__
- ☐ Discuss probationary period __/__/__
- ☐ Breaks/Smoking __/__/__
- ☐ Recycling __/__/__

Employee Signature: _____

Date Completed: _____

Supervisor Signature: _____

Date: _____

First Month

- ☐ Meet with employee to assess progress and answer questions __/__/__
- ☐ Check employees understanding of the orientation information __/__/__
- ☐ Review key items __/__/__
- ☐ Travel expenses __/__/__
- ☐ Purchasing procedures __/__/__
- ☐ Develop individual performance goals __/__/__
- ☐ Ask employee to fill out Work Site Orientation Survey – remind them it must be dropped off personally or via interoffice mail __/__/__

Employee Signature: _____

Date Completed: _____

Supervisor Signature: _____

Date: _____